

### ***Level Up: The Utility of the “Advanced Comfort Kit” at End of Life in the Pediatric Population (TH306)***



Jaime Jump, DO, Children’s Hospital of Philadelphia, Philadelphia, PA. Shefali Parikh, MD, Children’s Hospital of Philadelphia, Philadelphia, PA. Gwenn Laragione, RN BSN CCM CHPPN, Children’s Hospital of Philadelphia, Philadelphia, PA. Dana Dombrowski, MSW LSW, Children’s Hospital of Philadelphia, Philadelphia, PA.

#### *Objectives*

- Recognize pediatric palliative care diagnoses and symptomatology that may require advanced symptom management at the end of life.
- Understand the different mechanisms of action of the varied drug options considered for use at pediatric end of life.
- Develop a multifactorial end of life care plan for pediatric patients in the outpatient hospice or inpatient setting.

Although evidence-based guidelines exist for pain and symptom management and palliative sedation at the end of life, many pediatric cases exhibit refractory symptoms that require a multimodal approach to facilitate a comfortable death. Researchers have documented that the etiology of refractory symptoms tend to be overlapping and variable. These refractory symptoms can include physical, emotional, and existential suffering. Clinical practice patterns have illuminated the need for an innovative approach to pediatric end of life management. Providers should be knowledgeable and flexible in their approach of advanced symptoms at the end of life. A multidisciplinary approach that includes anticipatory planning and access to resources in the face of refractory symptoms at the end-of-life in any setting is also crucial for success.

Many pediatric palliative care (PPC) providers express some distress with managing refractory symptoms at end of life when the cause of the escalating symptoms is not clear-cut and the dosing of medications is atypical. The differing levels of resources and support in the home hospice setting make this situation particularly challenging. As a result, it is important for PPC providers to learn from the experiences and resource utilization from their colleagues. Through the use of didactics, case examples and discussions, this workshop will highlight a practical and step-wise approach to refractory symptom management at pediatric end of life. Practical elements of this process will include a case based review of pain and symptom assessment, a review of pharmacologic tools and mechanism of action, a step-wise approach for pharmacologic escalation in responsive to refractory symptoms, and resource utilization in both the inpatient and home

hospice settings. This workshop will also highlight how PPC providers can support one another during and after the emotionally, physically, and morally charged management of these refractory symptoms.

### ***Surgical and Perioperative Palliative Care: Updates from 2018 (TH307)***



Ana Berlin, MD MPH FACS, Rutgers New Jersey Medical School, Newark, NJ. Christopher Woodrell, MD, Icahn School of Medicine at Mount Sinai, New York, NY. Rebecca Aslakson, MD PhD FAAHPM FCCP, Stanford University School of Medicine, Stanford, CA. Miriam Arnheim, MSW LCSW ACHP-SW, University Hospital, Newark, NJ.

#### *Objectives*

- Cite recently published literature on evidence and best practices for palliative care interventions in surgical patients.
- Discuss areas of active surgical palliative care investigation in the context of common treatment dilemmas faced while caring for seriously ill patients with surgical disease.
- Describe the application of surgical palliative care research and its impact on patient, family, and caregiver outcomes using concrete examples.

Recent years have seen rapid expansion of the evidence base supporting the implementation of palliative care programs across health systems, ranging from the community to the intensive care unit. Surgical patients face uniquely complex decisions, significant symptom burden, and prognostic uncertainty, and their needs warrant surgery-specific palliative care delivery. Different models have been developed to address these needs, including communication training for surgical providers, embedded inpatient and outpatient surgical palliative care programs, improved prognostication models, and advanced care planning interventions. The core principles of surgery and anesthesiology closely mirror those of palliative care, and the intersection between them is characterized by an increasing annual volume of emerging research. This session will summarize landmark peer-reviewed papers on surgical palliative care published in 2018. The authors will search PubMed and hand-review key journals in surgery, anesthesiology, critical care, and palliative medicine to identify and select articles for inclusion based on journal impact factor and broad interest to the AAHPM/HPNA audience. Using a case-based format to provide clinical context, the panel will present literature drawn from the following topic domains: communication around surgical decision-making, frailty and surgical risk assessment, perioperative advanced care planning, specialty palliative care triggers and delivery models for surgical patients, innovative caregiver and